

HOOPA FOOD DISTRIBUTION PROGRAM
P.O. BOX 498
HOOPA, CA 95546
PHONE (530) 625-4646 FAX (530) 625-4717

Zero Income Form

Case Name: _____

1. Did the household receive any cash amount within the last 30 days?
2. If there is no income, what is your housing situation and how do you provide?
3. Do you pay your own utilities (water, electric, etc)? Please explain how you are able to afford it and if you cant afford it how do you provide an exchange to help out?
4. Do you have your own transportation if so how are the costs to operate your transportation met? Please explain
5. Are there others that live with the household that are not included on the application and is their food prepared separately?
6. Explain how you provide for your basic personal needs such as personal hygiene, clothing, shoes, ect.?

I have completed the above information to the best of my ability and are correct to the best of my knowledge.

Signature _____ Date: _____
For office use only do not sign below

Certifier. _____ Date: _____

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